		<b>3</b> 7
UNITED STATES HOUSE OF REPRESENTATIVES For New Member	<b>FORM B</b> For New Members, Candidates, and New Employees	ULI : 2 318 Page 1 of
Name: £//of - Bubin Daytime Telephone	ohone	18 OCT 18 PM 1: 13
New Member of or Candidate for State: 119 w Wark City U.S. House of Representatives District: 12 Candidates – Date of Election:	Check if Amendment	(Office Use Only)
STATUS  New Officer or Employee Staff Filer Type (if Applicable):  Employing Office: Shared Principal Assistant	tt Period Covered: January 1,	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	STIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	the reporting h the date of filing?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes Ves No	Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	rrangement with an Yes Ao
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	CHEDULE IF YOU ANSWER "YES" S THAT YOU ARE REQUIRED TO COMPLETE	, COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BO</u>	N - ANSWER <u>BOTH</u> OF THESE QUESTIONS	QUESTIONS
<b>TRUSTS</b> – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain from this report details of such a trust that benefits you, your spouse, or dependent child?	and certain other "excepted trusts" need not be disclosed. Have you excluded	ave you excluded Yes No No
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	f a spouse or dependent child because they meet a	all three tests for Yes No

HEDULE A - ASSETS	JEDULE A ASSETS & "UNEARNED INCOME"	Name: Æ/	Flist Mab: W Page of
BLOCK A	BLOCK B	BLOCK C	BLOCK D
sets and/or Income Sources	Value of Asset	Type of Income	Amount of Income
(a) each asset held for investment or indicate value of asset at an of income and with a fair market value use a valuation method as \$1,000 at the end of the reporting period, specify the method used.	(a) each asset held for investment or indicate value of asset at close of the reporting period. If you Check all columns that apply. For accounts For assets for which or income and with a fair market value use a valuation method other than fair market value, please that generate tax-deferred income (such as assets indicate the 401(k), IRA, or 529 accounts, you may check capital gains, even	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(K), IRA, or 529 accounts), you may check the "Tax-Deferred" column.	Check all columns that apply. For accounts For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other that generate tax-deferred income (such as assets indicate the category of income by checking the appropriate box below. Dividends, interest, and 401(k), IRA, or 529 accounts, you may check capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.
ny other reportable asset or source of income anerated imore than \$200 in "uneamed"	ny other reportable asset or source of income if an asset was sold during the reporting period and is included the "Tax-Deferred" column. Dividents, Check "None" if no an area of the capital gains, even if	the "Tax-Deferred" column. Dividends, interest, and capital gains, even if	Check "None" if no income was earned or generated.

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			Chose		Examples	Ĭ		\$\$,000, llst every financial insimore than \$1,000 in interest-be more than \$1,000 in interest-be provide a complete address rental property," and a city and city	bank and other	(do not use only ticker symbols). For all IRAs and other retirent 401(k) plans) provide the value in the account that exceeds the rep	dentify (a) each ass production of income a sycceeding \$1,000 at the sycceeding \$1,000 at the and (b) any other reports which generated more income during the year.	Assets and	
	:	liker	Burk	ABC Hedge Fund X	Simon & Schuster	Maga Corp Stock	EF.	\$\$,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second forms and vacation homes (unless there was rental income during the reporting period); and any firtaficital interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If your report a privately-traded fund that is an excepted investment Fund, please check the "EIF box.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over	(do not use only ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Identify (a) each asset held for investment or production of income and with a fair market value sexeeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "uneamed" income during the year.	Assets and/or Income Sources	BLOCK A
								None	>				1
<b></b>		ļ			_		_	\$1-\$1,000	65	CNIKI IN WRICH YOU NAVE NO INTEREST	indicate value of asset at use a valuation method specify the method used. If an asset was sold during only because it generations.		- 1
					Indefinite	<u> </u>		\$1,001-\$15,000	0	_ [ 5	alue luation uation met met twas		
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		ļ			╀	<u> </u>	4	\$100,001-\$250,000	- U	_	the interest in the interest i	je o	BLO
		-		×		1	$\dashv$	\$250,001-\$500,000	<u> </u>		indicate value of asset at close of the use a valuation method other than fa specify the method used.  If an asset was said during the reporting only because it generated income, "None."	Value of Asset	BLOCK B
			-	-	-	-	$\dashv$	\$500,001-\$1,000,000 \$1,000,001-\$5,000,000		-	he re fair r ting p ting p	set	
	ļ	-			$\vdash$	+	$\dashv$	\$5,000,007-\$25,000,000	<u> </u>	1	indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was said during the reporting period and is included only because it generated income, the value should be "None."		
		-	<u> </u>	<del>                                     </del>	_	1	-	\$25,000,001-\$50,000,000	*		g per k value and i		
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								Spouse/DC Asset over \$1,000,000*	ž		f you ease uded d be		
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			[			l		CAPITAL GAINS		pend	that a lefern account polital axab axab	숙	BLOCK C
								EXCEPTED/BLIND TRUST		Ä	Check all columns that apply. That generate tax-deferred in that generate tax-deferred in that generate accounts). The "Tax-Deferred" column. Interest, and capital gain resinvested, must be disclosed for assets held in taxable according in the sasset section.	Type of Income	ô
				Partnership Income	Royalties			TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			Check all columns that apply. For accounts that generate tax-deferred income (such as 401(£), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividents, interest, and capital gains, even if retirvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income	me	
			ļ		L			None	-				
				<u> </u>		<u> </u>	<u> </u>	\$1-\$200	*		asset that is ck "Vig lumn		
		-		ļ	+	-	_	\$201-\$1,000	12		s for dicate ains, one"		
	ļ	-		-	-	+		\$1,001-\$2,500	_ ₹	,	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.		
		-	-	×	×	+		\$2,501-\$5,000 \$5,001-\$15,000	A NI NII AII		n If n incor		
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	<b></b>	†	1	†	T	†	$\dashv$	\$100,001-\$1,000,000	 R	` <b>1</b>	Tax-		
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								Over \$5,000,000	₹		med" i sheck helist e or c	100	_[
								Spouse/DC Income over \$1,000,000*	¥	_	in Blo sing the close ted. ted.	Amount of Income	BLOCK D
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				+	×	+	-	\$2,501-\$5,000 \$5,001-\$15,000	/ V V VI VII V		k the below ssets you h		
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	L .		<u> </u>	<u> </u>		<u> </u>		Spouse/DC Income over \$1,000,000*	¥		ther nos.		

### SCHEDULE D - LIABILITIES

e reporting period by yo	
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buse, or your dependent child.	Eliot Paa
Mark the highest amou	Rabin
ne reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	Pageof
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

			SP DC, JT		
Home	Care	Example			
Home Martga & -	UBS ,	First Bank of Wilmington, DE	Creditor		
\$/1013		5/98	Date Liability Incurred MO/YR		
Home, southuston, N. Y.		Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>-	
			\$15,001- \$50,000	80	
			\$50,001- \$100,000	c	
×		X	\$100,001- \$250,000	D	
			\$250,001- \$500,000	m	Amount of Liability
			\$500,001- \$1,000,000	71	t of Li
			\$1,000,001- \$5,000,000	6	ability
			\$5,000,001- \$25,000,000	<b>3</b> :	
			\$25,000,001- \$50,000,000	_	
			Over \$50,000,000	٠.	
			Over \$1,000,000* (Spouse/DC Liability)	*	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting eriod and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

		mani/ store owner	Position
	0,	Potor Ellet, Woman MI Poto Gillet	Name of Organization

## SCHE

DULE F - AGREEMENTS	Name: Ellot Mabju	Pageof
he date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; the date of the government service; the date of the government service; the date of the government service; the government service is the government service is the government service; the government service is the government service	espect to: future employment; a leave of absence during the period of government service or continuing participation in an employee welfare or benefit plan maintained by a former	of government service;

Identify th employer.

Date	Parties to Agreement	Terms of Agreement
11/21	8/1/1/18 40/4 amplehad_corrently	41 Mars-Current
//		

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat Information listed on Schedule C.

good and any months of controlled to a rotation of printing of the property of the printing of	printing out printing rough and by here, we see appear in a second secon
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
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	Mever cruedod 750,000/MONY & AM now
	is Dell to West
n me	

FILER NOTES (Optional)

Name: Page\_\_\_\_of\_\_\_

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#### KECYBDING LINVACIVE DISCLOSURE REQUIREMENT CAMPAIGN NOTICE

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

	Name (Please Print or Type):
Withdrawal of Candidacy	[Note: If your Financial Disclosure Statement was due before the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]
	This is to notify you that under the laws of the state of  I withdrew my candidacy for the U.S. House of Representatives on
Threshold Not Exceeded	I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the Financial Disclosure Instruction booklet, a the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.
000,2\$ 19vÕ	Dear Madam Clerk:  This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. Hopge of Sepresentatives.
Indicate Your Status: (Select One)	Washington, DC 20515-6601
	The Honorable Karen L. Haas, Clerk Office of the Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building

Washington, DC 20515-6601

Legislative Resource Center 135 Cannon House Office Building

RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

\$1 Updated 10/201